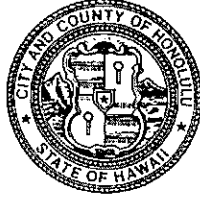


DEPARTMENT OF COMMUNITY SERVICES
CITY AND COUNTY OF HONOLULU

COMMUNITY ASSISTANCE DIVISION
51 MERCHANT STREET • HONOLULU, HAWAII 96813 • AREA CODE 808 • PHONE: 768-7076 • FAX: 768-7057
INTERNET: <http://www.co.honolulu.hi.us>

KIRK W. CALDWELL
ACTING MAYOR



DEBORAH KIM MORIKAWA
DIRECTOR

ERNEST Y. MARTIN
DEPUTY DIRECTOR

Enclosed is your requested loan application together with information about the City's
Rehabilitation Loan Program.

Please fill out all three pages of the application completely, sign and date pages 2 and 3, and return it to our office with the following supporting documents:

1. Copy of your **current federal tax returns** (be sure it is signed);
2. **\$122.10** to cover credit and title report fees (make check or money order **payable to the City and County of Honolulu – do not send cash**);
3. Copy of the **declaration pages from all applicable casualty insurance policies** (homeowners, hurricane, flood, fire, etc.); and
4. **Signed credit bureau authorization** form (enclosed).

Following our review of the submitted documents, we will contact you to arrange for the inspection of your property. We will provide you with a copy of the inspection report to help you determine the extent of repair work to be funded by the City loan.

If you have any questions, please feel free to contact our Rehabilitation Branch at 768-7076.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Meyer", with a stylized flourish at the end.

ROBERT MEYER
Rehabilitation Loan Officer

Enclosures:

1. Application Form
2. Information Sheet
3. Credit Bureau Authorization Form

Appl. No. _____

Date Rec'd. _____

CITY AND COUNTY OF HONOLULU LOAN APPLICATION

Applicant (Head of Household) _____ Date of Birth _____ SS # _____
Co-Applicant _____ Date of Birth _____ SS # _____

(Spouse) _____ Date of Birth _____ SS # _____

Current Address _____ Yrs. _____ Res. Phone _____

Previous Address if less than 2 yrs. at above _____ Yrs. _____

Mailing Address if other than Current Address _____ Yrs. _____

Names and Ages of All Dependents _____
(See Supplemental Form to list all Non-Dependent Permanent Household Members)

CURRENT EMPLOYMENT	APPLICANT	CO-APPLICANT
Employer _____	Years _____	Employer _____
Position Held _____	Years _____	Position Held _____
Address _____		Address _____
Phone _____	Gross monthly income \$ _____	Phone _____
		Gross monthly income \$ _____

If the current employment is for less than 2 years, complete the following:

Previous Employment	Years Employed	Last Position Held	Monthly Income
Applicant _____	_____	_____	_____
Co-Applicant _____	_____	_____	_____

OTHER GROSS MONTHLY INCOME			
Recipient	Source of Income	Address of Source	Gross Amount
_____	_____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL			\$ _____

DEPOSITORY ACCOUNTS (BANKS, SAVINGS & LOANS, CREDIT UNIONS, ETC.)					
Depository/Branch	Name on Acct.	Acct. No.	Acct. Type	Balance	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	

LIST OF ALL REAL ESTATE OWNED (ATTACH ADDITIONAL SHEET IF NECESSARY)					
Property Address	Present Value	Mortgage Balance	Monthly payment	Mortgage Loan No.	Mortgagee's Name and Address
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

LIABILITIES - LIST ALL LOANS, CHARGE ACCOUNTS, TIME PAYMENT PLANS, ETC. EXCEPT PREVIOUSLY LISTED MORTGAGES

Payable To	Address	Account Type	Account Number	Monthly Payment	Balance
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Explain if you or any household members are disabled, handicapped or have other serious health problems:

Address of Property to be repaired if other than Residence: _____

Brief description of Repair Work: _____

VOLUNTARY INFORMATION FOR GOVERNMENT MONITORING ASSISTANCE:

The following information is requested by the Federal Government to monitor compliance with equal credit opportunity and fair housing laws. You are **not required** to furnish this information, but are encouraged to do so. If you choose not to furnish the information, Federal regulations require the City Government to note race and sex information based on visual observation or surname. Please initial below if you do not wish to divulge information.

APPLICANT _____		CO-APPLICANT _____	
I do not wish to divulge information (initial _____)		I do not wish to divulge information (initial _____)	
01 () Hawaiian (Part)	14 () Samoan	01 () Hawaiian (Part)	14 () Samoan
03 () Hawaiian (Full)	15 () South East Asian	03 () Hawaiian (Full)	15 () South East Asian
04 () Portuguese	(Vietnamese, Laotian, etc.)	04 () Portuguese	(Vietnamese, Laotian, etc.)
05 () Puerto Rico	16 () American Indian	05 () Puerto Rico	16 () American Indian
06 () White	or Alaskan Native	06 () White	or Alaskan Native
07 () Filipino		07 () Filipino	
08 () Korean	17 () Hispanic	08 () Korean	17 () Hispanic
09 () Chinese	18 () Black	09 () Chinese	18 () Black
10 () Japanese	19 () Other-please	10 () Japanese	19 () Other-please
11 () Asian Indian	specify _____	11 () Asian Indian	specify _____
12 () Guamanian		12 () Guamanian	
SEX: () Male	() Female	SEX: () Male	() Female
Head of Household	Head of Household		

I (We), the undersigned certify that all of the information provided in this application is true and correct to the best of my (our) knowledge and is submitted for the purpose of obtaining a City rehabilitation loan. I (We) authorize the City and County of Honolulu to verify all information contained herein and agree that this application and related verifications and statements shall remain the property of the City and County of Honolulu.

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

DATE

APPLICANT'S NAME (HEAD OF HOUSEHOLD) _____

Supplemental Information Schedule

Please complete the following information on all non-dependent **Permanent** Members of your Household:

<u>Name</u>	<u>Relationship to Head of Household</u>	<u>Age</u>	<u>Annual Income</u>	<u>Source(s) of Income</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

As evidence of income, please submit a copy of the most recent tax returns for each individual listed above.

If there are no non-dependent permanent household members residing with you, please write none on the first line below name above.

I (We) certify that the above information is true and correct to the best of my (our) knowledge.

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

DATE

INFORMATION DISCLOSURE AUTHORIZATION AND RELEASE

The undersigned parties (hereinafter referred to as "Applicant(s)") hereby authorize ACRAnet, Inc a Nevada Corporation (hereinafter referred to as "ACRAnet") to obtain a credit report and other personal information (all documents hereinafter referred to as "Consumer Report") in connection with Applicant(s) application for a mortgage loan.

Applicant(s) signature(s) below further authorize(s):

- I. the mortgage company to release a copy of Applicant(s) credit application to ACRAnet;
- II. ACRAnet to obtain information regarding Applicant(s) employment, savings accounts and outstanding credit accounts (mortgages, auto loans, personal loans, charge cards, credit union accounts, etc.) ;
- III. ACRAnet to use a photocopy, facsimile or other true reproduction of this authorization, if necessary, to obtain any information required in the course of its activities in connection herewith, any such true copy of this Information Disclosure Authorization and Release being deemed an original; and
- IV. ACRAnet to furnish a copy of Applicant(s) Consumer Report to the mortgage company that requested this authorization.

Applicant(s) hold the mortgage company and ACRAnet harmless and indemnified in furnishing the copy of the Consumer Report in accordance herewith.

 Applicant's Name (Please Print)

 Applicant's Signature

 Date

 Applicant's Name (Please Print)

 Applicant's Signature

 Date

 Applicant's Name (Please Print)

 Applicant's Signature

 Date

 Applicant's Name (Please Print)

 Applicant's Signature

 Date

PRIVACY ACT NOTICE: The information to be obtained will be used by the lender and any federal agency insuring, guaranteeing or purchasing the mortgage to determine whether Applicant(s) qualifies as a prospective borrower under the lender's and the agency's underwriting standards. The information will not be disclosed outside the lender and the federal agency without Applicant(s) consent except to the person or company verifying the information including, but not limited to, Applicant(s) employer, bank, lender and by any other credit reference as needed to verify other credit information and as permitted by law. Applicant(s) does not have to give ACRAnet this information, but if Applicant(s) does not, Applicant(s) mortgage loan application may be delayed or rejected. This information ACRAnet will obtain is authorized by the TITLE 38, U.S.C chapter 37 (if VA); and 12 U.S.C., Section 1701 et seq. (if HUD/FHA).